

PLEASE INDICATE ANY SYMPTOMS BELOW THAT APPLY. CHECK PAST OR PRESENT BELOW

PAST PRESENT

- | | | |
|-----|-----|---|
| ___ | ___ | HEADACHES |
| ___ | ___ | FACIAL PAIN |
| ___ | ___ | DIFFICULTY CHEWING |
| ___ | ___ | PAIN IN JAW JOINTS |
| ___ | ___ | NOISES IN JAW JOINTS WHEN MOVING OR CHEWING |
| ___ | ___ | LIMITED OPENING / RESTRICTED MOVEMENT |
| ___ | ___ | JAW LOCKS / IF SO DOES IT LOCK OPENED ___? OR CLOSED ___? |
| ___ | ___ | SHOULDER PAIN |
| ___ | ___ | NECK PAIN |
| ___ | ___ | EAR PAIN |
| ___ | ___ | BACK PAIN |
| ___ | ___ | JAW TIRES EASILY WHEN I CHEW |
| ___ | ___ | DIFFICULTY SLEEPING |
| ___ | ___ | DIFFICULTY REMAINING ASLEEP |
| ___ | ___ | PAIN BEHIND EYES |
| ___ | ___ | AWARE OF GRINDING TEETH |
| ___ | ___ | AWARE OF CLENCHING TEETH |
| ___ | ___ | SWELLING OF THE FACE OR NECK AREA |
| ___ | ___ | SORE TEETH |
| ___ | ___ | SENSITIVE TEETH |
| ___ | ___ | BROKEN TEETH |
| ___ | ___ | LOOSE TEETH |

PAST PRESENT

____ ____ RINGING IN EARS

____ ____ MUSCLE SPASMS

____ ____ RECENT DENTAL WORK / IF SO PLEASE EXPLAIN WHAT WAS
DONE _____

____ ____ EQUILIBRATION (HAVING BITE ADJUSTED)

____ ____ BITE FEELS AWKWARD

IS THIS PROBLEM RELATED TO AN ACCIDENT? YES ____ NO ____ IF SO PLEASE EXPLAIN _____

WHEN DID THE SYMPTOMS BEGIN? _____

ANY CHANGES IN SYMPTOMS SINCE? ____ IF SO PLEASE EXPLAIN _____

PLEASE LIST ALL SURGERIES YOU HAVE HAD BOTH MEDICALLY NECESSARY, AND COSMETIC _____

RATE THE NUTRITION OF YOUR DIET EXCELLENT ____ GOOD ____ FAIR ____ POOR ____

DO YOU EXERCISE? YES ____ NO ____ IF SO HOW OFTEN AND WHAT TYPE OF EXERCISE? _____

DO YOU DRINK WATER DAILY? YES ____ NO ____ IF SO HOW MUCH? _____

DO YOU TAKE VITAMIN SUPPLEMENTS? YES ____ NO ____ IF SO PLEASE LIST _____

ON AVERAGE HOW MANY HOURS DO YOU SLEEP PER NIGHT? _____

DO YOU FEEL RESTED WHEN YOU AWAKE? YES ____ NO ____

HOW DO SLEEP? ON BACK ____ ON STOMACH ____ ON SIDE ____

Have you ever had a Sleep study done? _____

Have you ever broken your ankle? _____

Have you ever broken your toe? _____

Do you wear glasses? _____ Do they fit well? _____

If so what type of correction do you have? _____ when was your last exam? _____